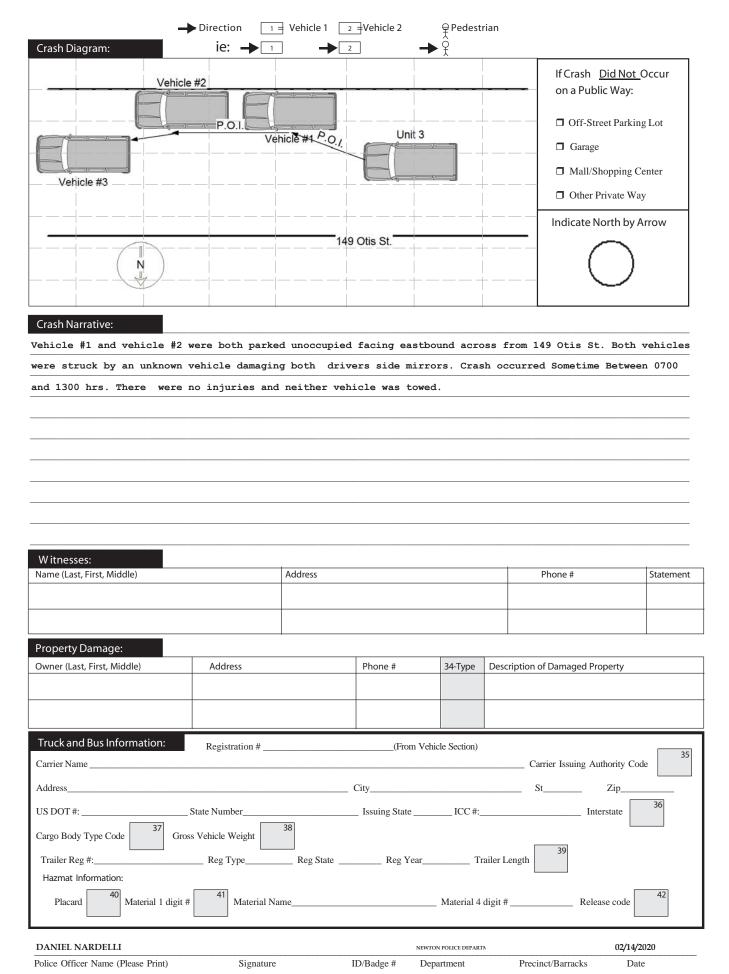
Poli	ce Use Only		Common	wealth	of Mass	achu	setts			RMVI	Docume	ent Number	
Date of Crash 02/14/2020	Time of Crash 13:25	City/Tow NEWTON	m Mo	tor Ve	hicle Cra	sh [Number Vehicles	Number Injured		Limit <u>:</u> ide	30	State Police Local Police MBTA Police	□ Xi
02/14/2020	13.23 24HR			Police	Report		3	0		itude		Other:	
	AT INTER	RSECTION:	<	LOCA	ATION	>		NOT	AT I	NTEI	RSEC	ΓΙΟN:	
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Route# Direc	tion N	Name of Intersecting	Roadway/Street			" S E	···] 01	Mile M	arker	01		Exit Number	_
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Route# Direct	tion	Name of Intersect	ng Roadway/Street					-		Land	mark		
XVehicle1	#Occupants	X Hit/Run	Moped	Case Numbe	er	20	00000155						
License#		St	_ DOB/Age	Reg	# 4JC240			_ Reg Ty	oe_PAN		_ Reg St	ate_MA	
Sex Lic. 0	Class 18 1		19 CDL	Veh	Year 2009	Veh	Make_H	ONDA		V	eh Conf	ig. 20	
	Last		Endorsmen	nt		st	MARY	TARA					
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			eZip		NEWTON					State N	1A Ziı	02460	_
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\neg			nding to Emergency?			22 22	22	22 2		3	4		
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Please	fill out for opera	ator and all occupa	ants involved				26 27 eat Safety	28 29 Airbag Airba	g 30 Eject	31 Trap Inj Code St	32 3	3	\dashv
Name (Last Fire	st Middle)	<u> </u>	Address See Above		Age/DOB	Sex Po	os. \$ystem	Status Switc	h Code	Code \$t	atus Code	Medical Facili	ity
operator .			500115510						+		+		
Please Select C of the Followi		2 <u>0</u> #Occupants	Non-Motorist	A Type	14 Action	Loca	tion	Condi	tion	17	X Hit/F	Run Mop	oed
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Operator			Endorsmen	nt	er_PROSKAUE		DAN						
Address	Last	First	Middle		ress 240 DERBY	st		First			Middle		
		State	eZip		NEWTON					State N	IA Zii	p	-
1	pany USAA CA		r		cle Action Prior to	o Crash	11 2	I D				rcle Up to Thr	
Vehicle Travel			onding to Emergency		at Sequence 1	22 22	22	22 2		3	4		
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			ccupants involved		Jac. 5 verride				g 30 Eject	31 Trap Inj	32 33 jury Trans	3	\dashv
Name (Last Fi	rst Middle)	<u> </u>	Address		Age/DOB		Pos. System	Status Swi	ch Code		tatus Cod		lity
Operator/	Non-Motorist		See Above			-			+				_
													-

Route# Direction Route# Direction Route# Direction Address	NEWTON 24HR AT INTERSECTIO Name of Internation Name of Internati	me of Roadway/Street At secting Roadway/Street Intersection with stersecting Roadway/Street Intersection with DOB/Age 19 CI En State Zip	Police eet Street ed Case Num DL ndorsment Middle	Reg # UNKOWN Weh Year Volumer Last Vehicle Crash Route# Direction Feet N S Feet N S Last Address Volumer	Vehicles	NOT AT NOT AT Note the second of the secon	Landmark AN Reg	Exit Number dway/Street State MA
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	l out for operator and all			Chachide Override		28 29 3 ag Airbag Eje	30 31 32 ct Trap Injury Trade Code Status Co	33 ansp.
Name (Last First) Operator			Address e Above	Age/DOB Sex	Pos. System Stat	tus Switch Coc	ct Trap Injury Tra de Code Status Co	ansp. ode Medical Facility
		366						
Please Select One of the Following:		upants Non-M	Motorist A Type	Action 15 L	ocation 16	Condition	17 🔲 Hi	it/Run Moped
License#		StDOB/Age	e	Reg#	R	eg Type	Reg	State
Sex Lic. Cla	18 18	19		Veh YearV		0 71 —		20
Operator		En	ndorsment	Owner				
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	3: Ch Sec Vio			· ·	25 Towed	8	7	6
Pleas	se fill out for operator an					28 29 3 ag Airbag Eje	0 31 32 ct Trap Injury Tra	33 ansp.
Name (Last First Operator/No		1	Address e Above	Age/DOB Sex	Pos. System Sta	atus Switch Co	ode Code Status C	Code Medical Facility
	on motorist	566						



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